

MONTANA BOARD OF PRIVATE SECURITY
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513

Phone: **(406) 444-6880**

Email: **DLIBSDHELP@MT.GOV**

Website: **PRIVATESECURITY.MT.GOV**

Application for Licensure as:

Contract Security Co.

Electronic Security Co.

Proprietary Security Org.

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. BUSINESS NAME: _____ DBA _____

2. BUSINESS ADDRESS: _____
(Head Office) Street or PO Box #

City

State

Zip Code

3. MONTANA BUSINESS ADDRESS: _____
(If different than head office) Street or PO Box #

City

State

Zip Code

PREFERRED ADDRESS: Business (Head Office) or Montana Business (If different than Head Office)

4. TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

5. BUSINESS STRUCTURE: **Sole proprietorship** **Partnership** **Corporation** **LLC**

6. LIST OWNER/PARTNERS/OFFICERS/DIRECTORS/MEMBERS OR AGENTS AND ADDRESSES:

Name	Street or PO Box #	City, State, and Zip

7. SOCIAL SECURITY NUMBER: _____ or EIN: _____

US CITIZEN

LEGAL PERMANENT RESIDENT

8. LICENSE NAME: _____
(State company name as it should appear on the license if granted.)

9. WILL THE COMPANY PROVIDE ARMED SERVICES (If yes, proof of insurance must include firearms coverage): **Yes** **No**

10. DOES THE COMPANY PLAN ON USING A UNIFORM? **Yes** **No**

11. OTHER STATES LICENSED IN: _____

12. NAME OF RESIDENT MANAGER: _____

13. RESIDENT MANAGER'S LICENSE NUMBER: _____

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
- [Business Entities only] "You" in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.

PERSONAL HISTORY QUESTIONS

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 14. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 15. Have you ever surrendered a credential like those listed in number 14, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 16. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 17. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |

18. Have you ever withdrawn an application for any professional license? **Yes No**
19. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? **Yes No**
20. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) **Yes No**

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

21. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? **Yes No**
22. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? **Yes No**

The following information is provided for Question 23 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

23. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? **Yes No**
24. Are you now subject to criminal prosecution or pending criminal charges? **Yes No**
25. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? **Yes No**
26. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? **Yes No**
27. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? **Yes No**

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Authorized Representative

Date

Printed Name of Authorized Representative

VERIFICATION OF LICENSURE

NAME OF COMPANY: _____
Please complete this section of the form and mail to EACH state board in which you are now or ever have been licensed to practice as a: _____.

(TYPE OF SECURITY COMPANY)

You may copy this form as many times as needed. Some board may require a fee for this service.

STATE BOARD:

The above company is applying for a license as a _____ in the State of Montana. The Board of Private Security requires this form to be completed by each state wherein the company holds or ever have held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Board of Private Security, PO Box 200513, Helena, MT 59620-0513**. Your early response is appreciated.

(Signature of Applicant)

Name (Please print)

Address: _____

My license number in your state is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PRIVATE SECURITY.

State of: _____

Full Name of Licensee: _____

License No.: _____ Issue Date: _____

License current? Yes No If NO, please explain: _____

License Status: Active Inactive Other

Has license been suspended, revoked, placed on probation or otherwise disciplined?
Yes No If YES, please explain and attach documentation: _____

Has licensee ever been requested to appear before your Board? Yes No If YES, please explain: _____

Derogatory information, if any: _____

Comments, if any: _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____ Date: _____